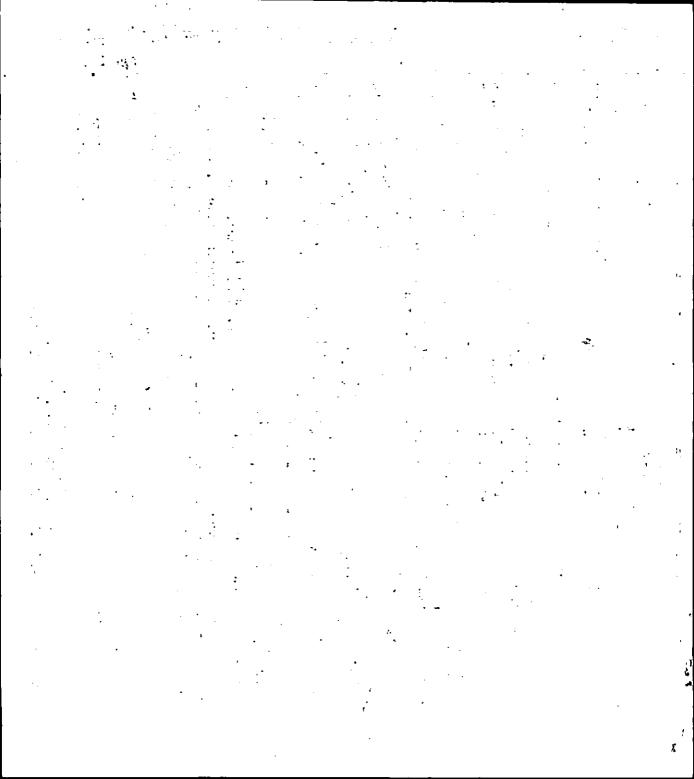
MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS EXACTLY. PHYSICIANS should state of OCCUPATION is very important CERTIFICATE OF DEATH 24752 1. PLACE OF DEA Registration District No..... Registered No..... RECORD (a) Residence, Nd (Usual piace of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred mos. How long in U.S., if of foreign birth? mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) stated statem attended deceased from MARRIED, WIDOWED, OR DIVORCED **HUSBAND OF** þ (OR) WIFE OF should 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above. The principal cause of death and related causes of importance were as follows: 7. AGE If LESS than 1 YEARS MONTHS DAYS 闰 .....min. 8. Trade, profession, or particular kind of work done, as spinner, mwyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at 11. Tetal time (years) spent in this this occupation (month and it may occupation..... year)..... that (STATE OR COUNTRY) should 13. NAME 8 Name of operation information sh in plain terms, What test confirmed diagnosis?...... Was there an autopsy?. 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME Where did injury occur? (Specify city or town, county, and State) 16. BIRTHPLACE (CITY OR TOW (STATE OR COUNTRY Specify whether injury occurred in industry, in home, or in public place. N. B.—Every item of CAUSE OF DEATH Manner of injury..... Nature of injury...



## #2 Kausas Aly.

## DEPARTMENT OF COMMERCE

## BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D., Special Agent, Jefferson City, Mo.

3350

D007	Sir:									- <del>-</del> -		
											_	
	It is	essential	that	death	certificates	be	complete	in	every	particular	in	or-
							_				-	

der that proper classification may be made.	You are therefore requested to make									
every effort to obtain the following informat from the death certificate.										
Name: Evelyn Locuse Who died at Residence: NoSt										
Name: Evelys Loonie	Mark Kau									
Who died at	on July - 22 - 1934									
Residence: NoSt										
•	If nonresident, city or town)									
Length of residence in city or	Mandha Dava									
town where death occurred: Years  Sex Color or race W Single, m	monthsbays									
Sex 7 Color of race CO Single, in	allieu, without of alloiveur									
Date of birthAge: Y	ears Months Days									
Occupation: (a) Trade, profession, or	b) Industry or business in which									
particular kind of work done, as spinner,	work was done, as silk mill,									
sawyer, bookkeeper, etc.	saw mill, bank, etc.									
	Month / Year									
Date deceased last worked at this occupation:										
Birthplace (State or country)	<del></del>									
Birthplace of mother (State or country)										
Birthplace of father (State or country)  Birthplace of mother (State or country)  Principal cause of death:	+ Belot, Ineuronia									
Staphylococcia - Conflan	A Bilatual Brancho Priermo									
	•									
Other contributory causes of importance										
Name of operationDate of										
What test confirmed diagnosis?	Was there an autopsy?									
If death was due to external causes (violence Accident, suicide, or homicide?	Date of injury 19									
Where did injury occur?	bate of injury, 15									
	ity or town, county and State)									
101	,									
Specify whether injury occurred in <u>industry</u> ,	in home, or in public place.									
Manner of injury										
Nature of injury										
Was disease or injury in any way related to occupation of deceased?										
If so, specify										
	muy .									
Address of physician Music Minimum Signature of Registrary M. M. M. Morrow	Date filed 723/34									
This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the en-										
closed official envelope which requires no postage.										
**************************************	ery truly yours,									
Reg. Dist. No. 277	(- mo 4 1 m									
Enimany Roa West in 1808	ET M. Gaugh M									
Frimary Reg. Fist. No. /002	K									

Special Agent.

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